

Henry Roybal
Commissioner, District 1

Anna Hansen
Commissioner, District 2

Rudy N. Garcia
Commissioner, District 3



Anna T. Hamilton
Commissioner, District 4

Ed Moreno
Commissioner, District 5

Katherine Miller
County Manager

MEMORANDUM

DATE: *February 26, 2019*

TO: *Santa Fe County Board of County Commissioners*

FROM: *Erika Thomas, Budget Administrator*

VIA: *Katherine Miller, County Manager*
Pablo Sedillo, Public Safety Director
David Sperling, Fire Chief

RE: *Resolution No. 2019-____, A Resolution Requesting an Increase to the Fire Operations Fund (244) to Budget the State Opioid Response Grant Award in the amount of \$75,000 (Finance Division/Erika Thomas)*

SUMMARY:

The Finance Division requests approval of this resolution to budget an increase to the Fire Operations Fund (244) in the amount of \$75,000, funded through the State Opioid Response (SOR) Grant awarded to Santa Fe County.

BACKGROUND:

The purpose of this grant is to create an overdose survivor follow up pilot program to expand naloxone availability and to reduce opioid overdose death in Santa Fe County. The Santa Fe County Fire Department will contract with a licensed social worker to be a part of a two-person outreach team, with the second person of this team being a designated SFCFD EMT. This two person team will work with the Santa Fe City Fire Department to replicate the Mobile Integrated Health Office (MIHO) Opioid Overdose Outreach program. The scope of work for this grant will include:

- The assigned Social Worker and EMT will shadow the Santa Fe City MIHO staff for three months to become familiar with the program.
- Develop a process to identify overdose survivors for outreach (i.e., 911 data, etc.).
- Develop outreach protocols to guide program activities such as outreach methods, services, and frequency to include referral to substance abuse treatment, handouts, resource lists, etc.
- Develop data collection tools to meet SOR grant requirements.
- Develop estimate of weekly outreach follow-ups for strategic planning.
- Develop plan to implement program.

ACTION REQUESTED:

The Finance Division requests approval of this resolution to increase the budget in the amount of \$75,000 to the Fire Operations Fund (244) for the State Opioid Response Grant (SOR).

SANTA FE COUNTY

Page 1 of 4

RESOLUTION 2019 -

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on _____, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Operations

Budget Adjustment Type: Budget Increase Fiscal Year: 2019 (July 1, 2018 - June 30, 2019)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0886	371	90-00	Fire Operations/State Grant/ Other	75,000	
					75,000	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0886	422	35-01	Fire/Vehicle Expenses / Fuel	4,600	
244	0886	422	50-03	Fire/Services / Contractual Professional Services	67,500	
244	0886	422	60-05	Fire/Supplies / Non Capital Med & Lab	1,500	
244	0886	422	60-07	Fire/Supplies / Operational Supplies	600	
244	0886	422	70-39	Fire/Other Ops Costs / Printing & Publishing	800	
					75,000	

Requesting Department Approval:  Title: Fire Chief Date: 2-11-19

Finance Department Approval:  Date: _____ Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2019 - _____

Page 2 of 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Donna Morris Dept/Div: Fire Department/Administration Phone No.: 992-3082

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.

The purpose of this grant is to create an overdose survivor follow up pilot program to expand naloxone availability and to reduce opioid overdose death in Santa Fe County. The Santa Fe County Fire Department will contract with a licensed social worker to be a part of a two-person outreach team, with the second person of this team being a designated SFCFD EMT/Paramedic. This two person team will work with the Santa Fe City Fire Department to replicate the Mobile Integrated Health Office (MIHO) Opioid Overdose Outreach program.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
50-03	Contractual Service for Social Worker	67,500

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

SANTA FE COUNTY

Page 3 of 4

RESOLUTION 2019 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Donna Morris Dept/Div: Fire Department/Administration Phone No.: 992-3082

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES _____ NO X
 - b) Does this include state or federal funds? YES _____ NO X
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of grant award letter and proposed budget.
 - c) Is this request a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request. N/A

SANTA FE COUNTY

RESOLUTION 2019 - _____

Page 4 of 4

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This _____ Day of _____ February _____, 2019.

Santa Fe Board of County Commissioners

Anna Hamilton, Chairperson

ATTEST:

Geraldine Salazar, County Clerk



FY19 SCOPE OF WORK

Santa Fe County Fire Department

Lead Agency: BHSD

State Fiscal Year: SFY19 (July 1, 2018 - June 30, 2019)

Services: Non-Client Services

Billing Type: Invoice

Funding: Federal Funds

Fund Pool: Choose an item. **State Opioid Response Grant**

Project: Opioid - Prevention

CFDA# (If Applicable): 93.788

The Vendor shall perform the work outlined in this Scope of Work and attached Appendices which are hereby incorporated and made a part of the Agreement. Revisions of this SOW requested by the vendor are at the sole discretion of Lead Agency.

Funding Category	IOM Strategy	Funding Source	Funding Amount
SOR 75%	Universal		
Total			

The Santa Fe County Fire Department will receive an SOR allocation for the period of December 1, 2018 through June 30, 2019. The award amount is contingent upon satisfactory completion of the scope of work and available state and federal funds.

A. This scope of work is between Falling Colors and Santa Fe County Fire Department for the Behavioral Health Services Division of the New Mexico Human Services Department. This agreement is expressly for the purpose of creating an overdose survivor follow up pilot program to expand naloxone availability and reduce opioid overdose death. Payment will be based upon delivery of the following tasks as listed in Section C.

B. Santa Fe County Fire Department will perform the following work:

1. Contract with a licensed social worker to be part of two person outreach team.
2. Designate a SFCFD EMT to be part of two person outreach team.
3. Work with Santa Fe City Fire Department to replicate the Mobile Integrated Health Office (MIHO) Opioid Overdose Outreach program:
 - a. Assign social worker and EMT to attend MIHO's January 14th & 15th trainings on Integrative Behavioral Health, Motivational Interviewing, and Trauma Informed Care.

- b. Assign social worker and EMT to shadow MIHO staff (Ramos Tsosie, Nicole Ault) for three months.
- c. Develop process to identify overdose survivors for outreach (i.e., 911 data, etc.)
- d. Develop outreach protocols to guide program activities such outreach methods, services, and frequency to include warm handoff/ referral to substance abuse treatment, handouts, resource lists, etc.
- e. Develop data collection tools to meet SOR grant requirements (MIHO software); see #5 below for grant requirements.
- f. Develop estimate of weekly outreach follow ups for strategic planning.
- g. Develop plan to implement program.

4. Provision of naloxone kits to overdose survivors, family and friends. To request Narcan, send a Naloxone Request Form to Anwar Walker, anwar.walker@state.nm.us and cc OSAP Director karen.cheman@state.nm.us until SOR Prevention Coordinator is hired.

5. Reporting requirements:

- a. Number of naloxone trainings and data to be submitted monthly.
 - i. For each training, report the number of persons trained by type of outreach staff (EMT, social worker), date of training, and contact information (phone, emails and agency address). Provide copy of sign in sheet with all information to OSAP within 1 week post training event.
- b. Number of naloxone kits distributed by zip code (using OSAP data collection forms) submitted monthly.
 - i. Each month, report on number of persons trained on opioid overdose prevention education & naloxone administration by staff; total number of naloxone kits distributed by zip code & type of kit (Narcan); number of naloxone administrations by agency staff or client, family and friend; and number of reversals.
- c. Update of activities to include number of kits distributed, number of trainings offered, number of people trained, and number of reported reversals to be submitted the last Thursday of each month to Anwar Walker and cc OSAP Director until SOR Prevention Coordinator is hired.

6. Brief end of year summary report by June 30, 2019.

7. Designate at least two people to take the BHSD STAR billing training and be responsible to enter billing into the BHSD STAR database at minimum monthly; invoices generate twice each month. Providers must enter activity within 30 days of occurrence. Billing must be entered by 11:59PM on the 15th and/or the last day for the month to be included for invoices automatically generating at 12AM on the 16th and 1st. Providers are responsible for maintaining sufficient records onsite to document costs and activities billed monthly (for audit purposes) and for submitting supporting documentation into BHSD STAR that matches the invoice totals to include but not limited to accounting ledger; timesheet spreadsheets; copy of receipts; etc.

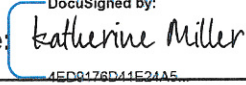
C. Santa Fe County Fire Department will provide the following deliverables:

- 1. Opioid overdose survivor program protocols and plan.
- 2. Naloxone trainings and distribution to opioid overdose survivors, friends and family.
- 3. Monthly submission of naloxone training data to Anwar Walker, cc OSAP Director.

4. Monthly submission of naloxone distribution data to Anwar Walker, cc OSAP Director.
5. Monthly submission of activities to Anwar Walker, cc OSAP Director.
6. End of year summary report 6.30.19.

EXECUTION PAGE

By initialing each page of this Scope of Work and by signing below, I represent that I am an authorized signatory for the Provider and have read and understand this Scope of Work.

PROVIDER	
Name of Provider (Please Print or Type): Santa Fe County	
Authorized Signature:  4ED8176D41E24A5...	Date: 1/29/2019 8:41:43 AM PST
Name (Please Print or Type): Katherine Miller	
Title (Please Print or Type): Santa Fe County Manager	
Address: 102 Grant Avenue Santa Fe NM 87501	
E-Mail Address: kmiller@santafecountynm.gov	
Phone: 505-986-6200	Fax:
TIN: 85-6000073	NPI:

**PROVIDER INSTRUCTIONS
FOR NON-MEDICAID DOCUMENTS**

The document(s) that are being delivered to you have been approved by the State of New Mexico.

Instructions

1. **Legal Name.** Review your Provider Name on the first page of the document to verify it is correct and that it is the Provider's legal name. If it is not, to have it corrected please email support@bhsdstar.org the correct legal name as soon as possible.
2. **Notice and Contact Information.** If you are a new Provider receiving a Provider Agreement, completely fill in Provider's Address, Attention contact, Phone, Fax and Email on page 16 of the Provider Agreement. **Please be sure that all information is legible.**
3. **Initial Each Page of the Document(s).** Initial the bottom of each page of each document to demonstrate that you have received the document(s).
4. **Execution Page.** Completely fill in all the blanks on the Execution Page (the last page of the document) including all of the following information:
 - a) Insert TIN
 - b) Insert NPI
 - c) Sign the Provider Agreement
 - d) Print Name and Title of the signatory in a legible manner
 - e) Fill in Address, Email, Phone and Fax information
5. **Return Executed Document(s).** Documents are returned electronically using DocuSign software once document(s) is executed. Instructions for DocuSign will come with the email from DocuSign.

If you do not complete the document(s) in accordance with the instructions above, the document(s) will be returned to you to complete this step.

FY19 SCOPE OF WORK
State Opioid Response Grant (SOR)
Santa Fe County Fire Department

Funding Category	IOM Strategy	Funding Source	Funding Amount
SOR 75%	Universal		\$75,000
Total			\$75,000

The Santa Fe County Fire Department will receive the amount of \$75,000 for the period of December 1, 2018 through June 30, 2019. The award amount is contingent upon satisfactory completion of the scope of work and available state and federal funds

*Grant began 9.30.18, but count October through June for allocation. 9 months = 75%

A. This scope of work is between Falling Colors and Santa Fe County Fire Department for the Behavioral Health Services Division of the New Mexico Human Services Department. This agreement is expressly for the purpose of creating an overdose survivor follow up pilot program to expand naloxone availability and reduce opioid overdose death. Payment will be based upon delivery of the following tasks as listed in Section C.

B. Santa Fe County Fire Department will perform the following work:

1. Contract with a licensed social worker to be part of two person outreach team.
2. Designate a SFCFD EMT to be part of two person outreach team.
3. Work with Santa Fe City Fire Department to replicate the Mobile Integrated Health Office (MIHO) Opioid Overdose Outreach program:
 - a. Assign social worker and EMT to attend MIHO's January 14th & 15th trainings on Integrative Behavioral Health, Motivational Interviewing, and Trauma Informed Care.
 - b. Assign social worker and EMT to shadow MIHO staff (Ramos Tsosie, Nicole Ault) for three months.
 - c. Develop process to identify overdose survivors for outreach (i.e., 911 data, etc.)
 - d. Develop outreach protocols to guide program activities such outreach methods, services, and frequency to include warm handoff/ referral to substance abuse treatment, handouts, resource lists, etc.
 - e. Develop data collection tools to meet SOR grant requirements (MIHO software); see #5 below for grant requirements.
 - f. Develop estimate of weekly outreach follow ups for strategic planning.
 - g. Develop plan to implement program.
4. **Provision of naloxone kits to overdose survivors, family and friends.** To request Narcan, send a Naloxone Request Form to Anwar Walker, anwar.walker@state.nm.us and cc OSAP Director until SOR Prevention Coordinator is hired.
5. **Reporting requirements:**
 - a. Number of naloxone trainings and data to be submitted monthly.

- i. For each training, report the number of persons trained by type of outreach staff (EMT, social worker), date of training, and contact information (phone, emails and agency address). Provide copy of sign in sheet with all information to OSAP within 1 week post training event.
 - b. Number of naloxone kits distributed by zip code (using OSAP data collection forms) submitted monthly.
 - i. Each month, report on number of persons trained on opioid overdose prevention education & naloxone administration by staff; total number of naloxone kits distributed by zip code & type of kit (Narcan); number of naloxone administrations by agency staff or client, family and friend; and number of reversals.
 - c. Update of activities to include number of kits distributed, number of trainings offered, number of people trained, and number of reported reversals to be submitted the last Thursday of each month to Anwar Walker and cc OSAP Director until SOR Prevention Coordinator is hired.
 6. Brief end of year summary report by June 30, 2019.
 7. **Designate at least two people to take the BHSD STAR billing training and be responsible to enter billing into the BHSD STAR database at minimum monthly; invoices generate twice each month. Providers must enter activity within 30 days of occurrence. Billing must be entered by 11:59PM on the 15th and/or the last day for the month to be included for invoices automatically generating at 12AM on the 16th and 1st. Providers are responsible for maintaining sufficient records onsite to document costs and activities billed monthly (for audit purposes) and for submitting supporting documentation into BHSD STAR that matches the invoice totals to include but not limited to accounting ledger; timesheet spreadsheets; copy of receipts; etc.**
- C. Santa Fe County Fire Department will provide the following deliverables:**
1. Opioid overdose survivor program protocols and plan.
 2. Naloxone trainings and distribution to opioid overdose survivors, friends and family.
 3. Monthly submission of naloxone training data to Anwar Walker, cc OSAP Director.
 4. Monthly submission of naloxone distribution data to Anwar Walker, cc OSAP Director.
 5. Monthly submission of activities to Anwar Walker, cc OSAP Director.
 6. End of year summary report 6.30.19.

NMSOR S D Budget

an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition). Organizations should follow their documented capitalization policy thresholds.

Item	Amount	Amount Requested
Subtotal - Equipment:		\$-
<i>Narrative Justification</i>		
E. Supplies		
materials costing less than \$5,000 per unit (federal definition) and often having one-time use		
Item	Rate	Amount Requested
Operating supplies	\$50/mo. X 12 mo.	\$600
Safety supplies		\$300
Outreach materials	2500 copies @ .10/copy	\$250
Information sheets	5370 x .10/copy	\$537
Subtotal - Supplies:		\$1,687

Narrative Justification

Operating supplies to be used for the management of the project.

Safety supplies such as sharps containers, safety glasses, and masks.

Outreach materials will be used to disseminate a safety and awareness message for the project.

Information sheets will be printed to educate overdose survivors, family members, and health care professionals

NMSOR SFCFD Budget

F. Contracts & Consultants

A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

Name	Services or Products	Rate	Other	Amount Requested
TBD	Contract services	\$45/hr x 40hr/week	50 weeks	\$90,000
total - Contract & Consultant Costs:				\$90,000

Narrative Justification

The contractor will coordinate and support a Santa Fe County Fire Department (SFCFD) post opiate overdose outreach program in Santa Fe County, working collaboratively with Fire Department emergency personnel, Medical Director, SFC Community Services staff, and others.

The contractor will provide ongoing support and supervision to SFCFD staff for a variety of case management interventions and outreach.

The contractor shall coordinate staff, perform visits to patients, work with local service providers to arrange services, and assess pt. needs.

The Contractor shall collect participant data and document program activities in designated software systems. The contractor shall also prepare reports and assist appropriate staff with grant reporting requirements in a quality and timely manner.

The contractor shall build relationships with local service providers and participate in meetings with stakeholders to foster community collaboration and discuss and assist in the creation of overdose survivor care plans and follow up. Travel throughout Santa Fe County will be required to fulfill program requirements. Work will be conducted for an average of 40 hours per week.

***Represents separate/distinct requested funds by cost category**

G. Construction - NOT ALLOWED				
H. Other Costs				
expenses not covered in any of the previous budget categories				
Item	Rate			Amount Requested
Adapt PharmaNarcan kit	20	\$75		\$1,500
Subtotal - Other Costs:				\$ 1,500.00

Narrative Justification Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.
Narcan kits (2 doses per kit) will be distributed to patients as needed.

TOTAL DIRECT COSTS

Feder request:

TOTAL INDIRECT COSTS

#VALUE!

\$-

Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>.

Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the federally approved rate, the approved rate would prevail.

*Training grants, indirect costs are limited to 8%.

Federal Request:

8%

TOTAL PROJECT COSTS (sum of direct and indirect costs)

Federal Request:

BUDGET SUMMARY

Table 19: Budget Summary Amount Requested

A. Personnel	\$	-
B. Fringe Benefits	\$	-
C. Travel		\$6,812.50
D. Equipment		\$-
E. Supplies		\$1,687
F. Contractual Services		\$90,000
G. Construction		\$-
H. Other	\$	1,500.00
Total Direct	\$	99,999.50
Indirect Costs	\$	-
Total Project Costs	\$	99,999.50

Santa Fe County Fire Department**A. Personnel**

Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

Position	Name	Annual	Level of Effort	Weeks	Amount Requested
Project Director	David Sperling	\$	10%		\$
Grant Coordinator	Bobby Montoya	\$	15%		-
Clinical Director	TBD	\$	10%		0
Subtotal Personnel:					\$

Job Descriptions & Narrative Justification

The Project Director will provide daily oversight of the grant and will be considered key staff
 The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
 The Clinical Director will provide medical direction as required to staff for the duration of the project.

Key staff positions require prior approval by the Grants Management Officer, after review of credentials of resume and job description.

B. Fringe Benefits

List all components that make up the fringe benefits rate

Component	Rate	Salary	Amount Requested
FICA		\$	0.00
Workers Compensation		\$	0.00
Insurance		\$	0.00
Subtotal Fringe Benefits			\$

Narrative Justification

Fringe reflects current rate for agency

C. Travel

Explain need for all travel other than that required by this application. Local travel policies prevail. Applicants must use their own documented travel policies. If an organization does not have documented travel policies the Federal GSA rates must be used.

Purpose	Location	Item	Rate	Amount
Local travel	Santa Fe County	250 miles/week x 50	0.545	\$6,812.50
Subtotal Travel:				\$6,812.50

Narrative Justification

Local travel within Santa Fe County to meet with overdose clients, attend meetings, project activities, and training events.

D. Equipment - NOT ALLOWED

